

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044381

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 521

VS 300
Rev. 4/59

17005

20546

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

FILED NOV 26 1963

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Independence</u>		c. CITY OR TOWN <u>Napoleon</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Shady Sanitarium DOA.</u>		d. STREET ADDRESS (If outside, give location) <u>Napoleon, Mo</u>	
3. NAME OF DECEASED (Type or print) <u>HARLEY DALLAS DEATHERAGE</u>		4. DATE OF DEATH Month <u>Nov</u> Day <u>20</u> Year <u>1963</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-27-1938</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auto ASSEMBLY</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BOP Auto Co.</u>	
11. BIRTHPLACE (City and state or country) <u>Higginsville, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA.</u>	
13a. FATHER'S NAME <u>HARVEY DEATHERAGE</u>		13b. MOTHER'S MAIDEN NAME <u>KAY DEATHERAGE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>HARVEY DEATHERAGE</u>		Address <u>Higginsville Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Shock from automobile</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>fractured ribs ruptured liver</u> DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT, SUICIDE, HOMICIDE <u>X</u> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>No car collisions</u>	
20c. TIME OF INJURY Hour <u>11</u> a.m. <u>30</u> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 24</u>		20f. CITY, TOWN, OR LOCATION <u>Jackson</u>	
21. I attended the deceased from _____, to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Alfred H. Owens</u>	
22b. ADDRESS <u>152 Union Station</u>		22c. DATE SIGNED <u>11-20-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>Nov 21 '63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Higginsville Mo.</u>
24. FUNERAL DIRECTOR <u>HOEFER FUNERAL HOME</u>	25. DATE RECD. BY LOCAL REG. <u>11-20-63</u>	26. REGISTRAR'S SIGNATURE <u>Alba L. Craig</u>	

(Licensed Embalmer's Statement on Reverse Side)

DEC 2 1963

11-20-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Donald Lindsey

Licensed Embalmer No. _____

P. O. Address _____

*514 S. 1st St.
Orlando, Fla.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.